TRICARE Central Region BEHAVIORAL HEALTH QUALITY MANAGEMENT

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JCAHO and BEHAVIORAL HEALTH

Potential Bloopers

PATIENT FOCUSED

- Rights and Responsibilities
- Ethics
- Assessment
- Care

Organizational Focused

- Improving Performance

Most Common BH Bloopers

Safety

Scope of Survey:

- Providers of BH Therapy:
Independent Practice – Directing Therapy

Patient Rights and Responsibilities:

- Pain Screening

Ethics

Anyone can report an ethical dilemma

Assessment

-What information is on intake assessment? (follow policy!)

-Include Pain and Nutrition

-Triage of “redflags” for safety

-Modulators of therapy (education, cultural,

Assessment

-1.3. Outpatient screening

-Institutional – 30 days H &P expires

-Abuse and Neglect positive screen – Must be referred

- Medications must include

Assessment

- Growth and Development Charts
- ADLs – Social activities/Norms
- 1.19 – MRDD – Full disability assessment for functional program
- 1.20 Addictions – Pain assessment, Tx and relapse patterns.
- 1.18 Children and Adolescents – note legal status and family participation
- In general avoid redundancy from H & P of other disciplines – Review OK.

Treatment Plan

-Assessment and Plan match. (E.g., if MS changes, plan is adjusted)

-Multidisciplinary

-Criteria clear: when can progress to next level of care and primary care

-Outpatient – Stresses

Treatment Plan

Restraint Use:

-High mortality rate in MH settings; emergency only

-Complete staff training and safety program – No face down

Seclusion: May become from frequent time outs. Is not to be a competing issue with staffing

No PRN or standing orders

-Debrief both staff AND family/pt

Continuum of Care

-Know your scope/access limitations

-Levels of Care and UR criteria (ASAM and McKesson InterQual)

-Discharge plan – F/U with primary care

-Release of Information – No

Performance Improvement

- Demonstrate Data: Aggregate and Analysis – Time trends

- Peer Review

- Staff and Patient Satisfaction (MBC)

-Anonymous reporting of close calls

- Outcome focused care – Expectations identified at outset of

Leadership

1.3 Contract Services: Know mechanisms for reporting quality

- Time of service request to service delivery – Record and report findings

Leadership

1.9 Staff Recruitment

- Leadership involvement in recruitment, retention, development and continuing education

Environment of Care

Emergency Management: Now must include mental health services response to Bioterrorism

1.6 – Equipment – biofeedback, EKG

REMOVED for 2003, 2004

Environment of Care

Provision of "Therapeutic Environment" is unique to BH

A proactive risk assessment of environment with plans for failure is indicated

Human Resources

- Increased emphasis now as demands are up and resources scarce

-Initial AND periodic competence assessments – often weak – eg., med administration

-Must be observation/performanced based.

-Clinical responsibility of LIP? (DEMO Project)

- Orientation and competency of

Human Resources

HR 2.1 – Link staffing to clinical indicators – PQIs and clinical outcomes?

For example, is there correlation between nurse staffing and PQI's and patient satisfaction?

Information Management

Records Management: JCAHO integrating HIPAA compliance for security and privacy

Electronic records – check back-up transmission plan for power failure

Behavioral Health Promotion

Screening programs appropriate to community and population –

Greater emphasis on being proactive and wellness focused.

Conclusion

Whether BH services are at your facility or not, know areas of special interest and similar interest to your MTF – know what to expect.

INTEGRATE services, facilities, and providers